

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of	Allowed June 8, 2011
GISSELGARD et al.	Conf. 7395
Application No. 10/539,019	Group 3644
Filed June 16, 2006	Examiner Trinh NGUYEN
MILKING DEVICES	

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents	June 17, 2011
P.O. Box 1450	
Alexandria, VA 22313-1450	

Sir:

Receipt is acknowledged of the Filing Receipt for
Serial No. 10/539,019.

It is requested that a new Filing Receipt be issued on
which the first name of inventor PETTERSON is correctly given as
TORBJORN (NOT FORBJORN), as shown by the accompanying originally-
filed Application Data Sheet.

Respectfully submitted,

YOUNG & THOMPSON

/Benoit Castel/

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(703) 979-4709

BC/11b

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: MILKING DEVICES
Attorney Docket Number:: 1510-1107
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 3
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: MIKAEL
Middle Name::
Family Name:: GISSLEGARD
Name Suffix::
City of Residence:: TUMBA
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: KASSMYRAVAGEN 20
City of Mailing Address:: TUMBA
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-147 33

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: NILS
Middle Name::
Family Name:: ALVEBY
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: ANDERS REIMERS VAG 13
City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::
 Country of Mailing Address:: SWEDEN
 Postal or Zip Code of Mailing Address:: S-117 50

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: SWEDEN
 Status:: Full Capacity
 Given Name:: MARTIN
 Middle Name::
 Family Name:: BELLANDER
 Name Suffix::
 City of Residence:: GUSTAVSBERG
 State or Province of
 Residence::

Country of Residence:: SWEDEN
 Street of Mailing TVARVAGEN 16
 Address::
 City of Mailing Address:: GUSTAVSBERG
 State or Province of Mailing Address::
 Country of Mailing Address:: SWEDEN
 Postal or Zip Code of Mailing Address:: S-134 31

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: SWEDEN
 Status:: Full Capacity
 Given Name:: TORBJORN
 Middle Name::
 Family Name:: PETTERSON
 Name Suffix::
 City of Residence:: GNESTA
 State or Province of
 Residence::
 Country of Residence:: SWEDEN
 Street of Mailing ROSENHED

Address::

City of Mailing Address:: GNESTA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-646 32

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JOHAN

Middle Name::

Family Name:: ODEBERG

Name Suffix::

City of Residence:: STOCKHOLM

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing FREJGATAN 14

Address::

City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: S-113 49

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/002024	12/19/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0203871-9	12/20/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::